MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (184)

11235

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot
City or town Easton, Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Emergency Hospital
Stay in hospital or inst. (yrs., or mos., or days) 3½ hrs.
Stay in this community (yrs., or mos., or days) 22 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Talbot
City or town Easton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. R. F. D. #1
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George Medford Anders

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Elsie Anders
6(c) If wife, give age 26 years

7. Birth date of deceased (mo., day, yr.) Feb. 23 - 1913

8. AGE:

Years	Months	Days	If less than one day
26	8	28	hrs. min.

9. Birthplace Carmichael, Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name George A. Anders
13. Birthplace Queen Anne Co. Md.

MOTHER
14. Maiden name Mabel Erskine
15. Birthplace Mount Airy, Howard Co. Md.

16. Informant Mrs. Mabel Anders
Address Cordova, Md.

17. Burial (Burial, cremation, or removal? Which?) Date thereof Nov. 22-39 (month) (day) (year)
Cemetery or crematory Chesterfield
Location Centreville, Maryland

18. Funeral director Bacon Bros
Address Centreville, Md.

19. 11/20 (Date rec'd by registrar) 19 39 M. H. Merrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 20 19 39, at 12 30 P. M.

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from Nov. 10 19 39 to Nov. 20 19 39~~ and that I last saw ~~him~~ alive on Nov. 20 19 39

Immediate cause of death Shot-gun wound of rt. chest & upper rt abdomen — DURATION 4½ hrs
Due to Shot gun wound
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Part of diaphragm attached to liver blown away
Of autopsy No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of 11-20-39
Where did injury occur? Wye River (City or town) Talbot (County) Md (State)
Injured at home, farm, industry, public place (where?) Duck Blind
Means of injury Shot-gun Injured at work? No

23. SIGNATURE Louis J. Kelly M.D. Dep Med Ex. M. D. or other
Address Easton Md Date signed 11-21-39

RECEIVED
DEC 6 1939
BUREAU V. S.

11236

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (54E)

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 15 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Ridgley Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Elizabeth Baker

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Marion F. Baker

6(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) 1889

8. AGE: Years 50 | Months | Days | If less than one day ___ hrs. ___ min.

9. Birthplace Caroline Co.
(Town, county, and state)

10. Usual occupation H. W.

11. Industry or business

FATHER
12. Name Henry Fearins
13. Birthplace Caroline Co. Md

MOTHER
14. Maiden name Mollie Murphy
15. Birthplace Caroline Co. Md.

16. Informant Virgil Turner
Address Queen Anne, Md R.D

17. Burial Date thereof 11 | 21 | 39
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Centreville

Location Centreville, Md

18. Funeral director J. T. Frampton Son.
Address Federalsburg Md.

19. 11/20 1939 N. H. Neerus
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 18 1939, at 4:03 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 3 1939, to Nov. 18 1939, and that I last saw her alive on Nov. 18 1939.

Immediate cause of death Coronary Thrombosis — DURATION 3 hours

Due to

Due to

Other conditions Fibromyoma of Uterus ?
(Include pregnancy within 3 months of death)

Major findings:
Of operations Fibroid Uterus removed 11/9/39
Of autopsy No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. N. Palmer
M. D. or other

Address Easton Md Date signed 11/21/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 8 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (186-a)

CERTIFICATE OF DEATH

Dr Newnam 11237

Reg. Dist. No. 298

1. PLACE OF DEATH:
County Talbot
City or town Rural Near Easton Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: "Outside"
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 31 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Talbot
City or town Rural Near Easton Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Ann Bildstein

3. (b) Social Security Number

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Joseph E Bildstein
6(c) If alive, give age 72 years
7. Birth date of deceased (mo., day, yr.) 12/9/68
8. AGE: Years 70 ~~70~~ Months 10 Days 28 If less than one day hrs. min.
9. Birthplace Ellicott City, Howard Md (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name John Martin
13. Birthplace Ireland
MOTHER 14. Maiden name Unknown
15. Birthplace Ireland
16. Informant Jos E. Bildstein
Address Easton Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof 11 (month) 6 (day) 39 (year)
Cemetery or crematory Spring Hill
Location Easton Md
18. Funeral director James A. Spencer
Address Easton Md
19. 11/6 1939 (Date rec'd by registrar) N.H. Neiries Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 4 1939, at 1P. M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 25 1939, to Nov. 4 1939, and that I last saw her alive on Nov. 4 1939.

Immediate cause of death Broncho pneumonia — DURATION 1 week
Due to Fractured Pelvis — 14 days
Due to an accidental fall. C.W.G.R. Was tripped by a dog, while walking in her own yard, about one week before death.
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Accident Date of about a week before death.
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) in her own yard.
Means of injury Accidental fall. Injured at work?

23. SIGNATURE A. C. Newnam M. D. or other
Address Easton, Md. Date signed 11/6/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should ~~carefully be supplied~~. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

T

RECEIVED
DEC 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (93-C)

11238

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
County Talbot
City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 68 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Talbot
City or town Eastons Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. ✓
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Maria Brooks

3. (b) Social Security Number ✓

4. Sex F.
5. Color or race Colored
6. (a) Single, married, widowed, or divorced Widowed
6 (b) Name of husband or wife Dave Brooks
✓ 6(c) If alive, give age ✓ years
7. Birth date of deceased (mo., day, yr.) Oct. 15, 1871
8. AGE: Years 68 Months 1 Days 8 If less than one day ___ hrs. ___ min.
9. Birthplace Maryland (Town, county, and state)
10. Usual occupation Housekeeper
11. Industry or business
FATHER 12. Name Unknown
13. Birthplace "
MOTHER 14. Maiden name Margaret Dobson
15. Birthplace Easton Md
16. Informant Charles B. Brook
Address Easton Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 27, 1939 (month) (day) (year)
Cemetery or crematory Richards
Location Easton, Md.
18. Funeral director James A. Spence
Address Easton Md
19. 11/27 1939 N.H. Neeves (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 23 1939, at 7 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 15, 1939, to Nov. 23 1939, and that I last saw ~~her~~ alive on Nov. 23, 1939
Immediate cause of death Chronic Myocarditis
Due to [illegible]
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION 3 years

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Haynard T. Webb M.D. or other
Address Easton, Md. Date signed 11/27/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly ~~and legibly~~.

VS A15

RECEIVED
DEC 8 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (77)

11239

CERTIFICATE OF DEATH

Reg. Dist. No. 293.

1. PLACE OF DEATH:
County Talbot.
City or town Cordova. Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 2 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Talbot
City or town Rural Cordova. Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William J. Butler.

3. (b) Social Security Number No Number

4. Sex M. | S. Color or race W. | 6.(a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Virginia Butler.
6(c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) Aug 20, 1865

8. AGE: Years 74 | Months 2 | Days 25 | If less than one day ___ hrs. ___ min.

9. Birthplace Maryland (Town, county, and state)
10. Usual occupation Farmer (Retired)
11. Industry or business

FATHER
12. Name James Edward Butler
13. Birthplace Md.

MOTHER
14. Maiden name Nancy F. Butler
15. Birthplace Md.

16. Informant Virginia, Butler
Address Cordova. Md

17. Burial. (Burial, cremation, or removal. Which?) Date thereof Nov. 18, 1939 (month) (day) (year)
X Cemetery or crematory Harrington
X Location Delaware

18. Funeral director James A. Spence
Address Easton, Md

19. 11-16- 1939. (Date rec'd by registrar) J. L. Gardner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November. 15 1939, 8:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 5 1939, to November 15 1939, and that I last saw him alive on Aug 15 1939.

Immediate cause of death	DURATION
Cellulitis-face	5 days
Due to	
Due to	
Other conditions Hypertension	6 yrs ±
Arteriosclerosis	6 yr ±

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE E. Paul Knotts M.D. M. D. or other
Address Denton Md Date signed Nov 16 - 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
[illegible] 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (92a)

CERTIFICATE OF DEATH

Dr. Seymour 11240

Reg. Dist. No. 290

1. PLACE OF DEATH:
County Talbot
City or town Rural Near Easton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: "Outside" ✓
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 4 Mos

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Talbot
City or town Rural Near Easton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. ✓
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Henry Clague

3. (b) Social Security Number ✓

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife ✓
6(c) If alive, give age ✓ years
7. Birth date of deceased (mo., day, yr.) Sept 10th 1866

8. AGE: Years 73 | Months 1 | Days 26 | If less than one day ___ hrs. ✓ min.

9. Birthplace Warren County Ohio
(Town, county, and state)
10. Usual occupation Retired
11. Industry or business Farmer
FATHER
12. Name Philip Clague
13. Birthplace Isle of Man
MOTHER
14. Maiden name Catherine Brew
15. Birthplace Isle of Man
16. Informant Mrs W. R. Bradley
Address Easton Md Route 2
17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/8/39 (month) (day) (year)
Cemetery or crematory Spring Hill
Location Easton Md
18. Funeral director James A. Spence
Address Easton Md
19. 11/8 1939 (Date rec'd by registrar) N. H. Neiries Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 5th 1939, at 5 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 10th 1939, to Nov — 1939, and that I last saw him alive on Nov. 5th 1939.
Immediate cause of death Valvular heart (Mitral regurgitation) — DURATION 2 yrs.
Due to
Due to acute Endocarditis — 1 week
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE William S. Seymour M. D. or other
Address Easton Md Date signed Nov 6/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13)

CERTIFICATE OF DEATH

11241

Reg. Dist. No. 290

1. PLACE OF DEATH:
County: Talbot
City or town: Easton Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution: Emergency Hospital.
Stay in hospital or inst. (yrs., or mos., or days): 12 days.
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Caroline Co.
City or town: Federalsburg, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Samuel Kindel Culver.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	widower

B (b) Name of husband or wife: Nellie E. Towers.
6(c) If alive, give age: yeare

7. Birth date of deceased (mo., day, yr.): April 9, 1866

8. AGE:	Years	Months	Days	If less than one day
66	73	7	9	hrs. min.

9. Birthplace: Laurel Grove, Caroline Co.
(Town, county, and state)
10. Usual occupation: Farmer.
11. Industry or business:
FATHER 12. Name: Samuel Culver.
13. Birthplace: Laurel, Del.
MOTHER 14. Maiden name: Hester Ann Warren
15. Birthplace: Laurel, Del
16. Informant: Wm. A Culver (brother)
Address: Easton 393 Box-Easton, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/23/39 (month) (day) (year)
Cemetery or crematory: Hill Crest
Location: Federalsburg, Md.
18. Funeral director: J. Frampton Sons,
Address: Federalsburg Md.
19. 11/21/39 (Date rec'd by registrar) N. H. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 20 1939, at 6 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 8 1939 to Nov. 20 1939, and that I last saw him alive on Nov. 20 1939.

	DURATION
Immediate cause of death: Chronic Diffuse Interstitial Nephritis	8
Due to: Generalized Arteriosclerosis?	?
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: W. E. Lennon M.D.
M. D. or other
Address: Easton Md. Date signed 11/21/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
DEC 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11242

Reg. Dist. No.

1. PLACE OF DEATH: Talbot
County
City or town Easton md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution no
Stay in hospital or inst. (yrs., or mos., or days) no
Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State md County Talbot
City or town Easton md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. no
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Romaine Denfield

3. (b) Social Security Number no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	colored	Single

6 (b) Name of husband or wife no

6(c) If alive, give age no years

7. Birth date of deceased (mo., day, yr.) Dec 28 1937

8. AGE: Years	Months	Days	If less than one day
1	11	21	hrs. min.

9. Birthplace Easton md
(Town, county, and state)

10. Usual occupation no

11. Industry or business no

FATHER 12. Name John Denfield Jr
13. Birthplace Easton md

MOTHER 14. Maiden name Carnelia Bunker
15. Birthplace Bellevue md

16. Informant John Denfield Jr
Address Easton md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 20th 1939 (month) (day) (year)
Cemetery or crematory Richardson
Location Easton md
18. Funeral director James F Stewart
Address Salisbury md

19. 11/20 19 39 M H Meeries
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 18 1939, at 9 a m

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 17 1939 to Nov 18 1939, and that I last saw h alive on Nov 17 1939.

Immediate cause of death Diphtheria — DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE James B Mears Jr M. D. or other
Address Easton Md Date signed 11/19

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 8 1939
BUREAU V. S.

11243

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County: Talbot

City or town: Easton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days): 3 days

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infant, give residence of mother)

State: Maryland County: Talbot Caroline

City or town: Preston Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Bethuel Dickerson

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of ~~husband~~ or wife: Bertha Truitt Dickerson

6(c) If alive, give age: 54 years

7. Birth date of deceased (mo., day, yr.): May 17 - 1865

8. AGE: Years: 74 Months: 6 Days: 11 If less than one day: hrs. min.

9. Birthplace: Milford, Del. (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business:

FATHER 12. Name: Peter Dickerson

13. Birthplace: Delaware

MOTHER 14. Maiden name: Jane Wilson

15. Birthplace: Delaware

16. Informant: Wilson Dickerson

Address: Preston, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 1 - 1939 (month) (day) (year)

Cemetery or crematory: Harrington Cemetery

Location: Harrington Del.

18. Funeral director: J. J. Frampton

Address: Federalsburg, Md.

19. 11/29 1939 (Date rec'd by registrar) N. H. Norris Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 28, 1939, at 8:30 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 25, 1939, to Nov 28 1939, and that I last saw him alive on Nov. 28, 1939.

Immediate cause of death: Cardiac Failure

Due to: Auricular fibrillation

Due to: Lobar Pneumonia

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: J. Lyler Baker M.D. M. D. or other

Address: Easton Date signed: 11-29-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 8 1939
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and ~~legibly~~.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11244

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County: Talbot

City or town: Landoff - Easton R.D.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital or institution: "Outside"

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Talbot

City or town: Landoff - Easton R.D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Noah Solomon Frazier

3. (b) Social Security Number

4. Sex: Male

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Eary E Frazier

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years: 42 | Months | Days | If less than one day ____ hrs. ____ min.

9. Birthplace: Baltimore, Balto Co Md
(Town, county, and state)

10. Usual occupation: Gen. Laborer

11. Industry or business

FATHER
12. Name: Thomas Frazier
13. Birthplace: Maryland

MOTHER
14. Maiden name: Mary Ellen Coursey
15. Birthplace: Baltimore, Maryland

16. Informant: Eary E Frazier
Address: Landax Tal. Co. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 27 1939 (month) (day) (year)

Cemetery or crematory: Williamsburg Ceme.

Location: Williamsburg Tal. Co. Md

18. Funeral director: H. M. St Clair

Address: Cambridge, Md.

19. 11/25 1939 (Date rec'd by registrar) N. H. Neirico Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 24 1939, at 2:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 25 1939, to Nov 24 1939, and that I last saw him alive on Nov 1 1939.

Immediate cause of death: Mitral Disease

Due to: Senile Arthritis

Due to:

Other conditions: ✓

(Include pregnancy within 3 months of death)

Major findings:
Of operations: ✓
Of autopsy: No

DURATION: Several years

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ✓ Date of: ✓

Where did injury occur? ✓ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ✓

Means of injury ✓ Injured at work? ✓

23. SIGNATURE: S. V. Shears M. D. or other

Address: St Michaels Md Date signed 11.25.39

RECEIVED
DEC 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11245

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Talbot

City or town Bellevue

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: "Outside"

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Bellevue Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lydia J. Gates

3. (b) Social Security Number ✓

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	Colored	married

6 (b) Name of husband or wife Elias Gates

6(c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Dec 28-1867

8. AGE: Years	Months	Days	If less than one day
55	10	10	hrs. min.

9. Birthplace Bellevue, Talbot Co Md (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name unknown

13. Birthplace

MOTHER 14. Maiden name Jennie Thomas

15. Birthplace Bellevue Md

16. Informant Elias Gates

Address Bellevue, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 9-1939 (month) (day) (year)

Cemetery or crematory Tulls Cemetery,

Location Easton, Md.

18. Funeral director John D Williamson

Address Easton Md.

19. 11/9 1939 T. H. Morris

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 7- 1939, at 4:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 4 1939, to Nov 7 1939, and that I last saw h alive on Nov 5 1939.

Immediate cause of death Caseous Pneumonia

Due to Pulmonary Tuberculous Infection

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION of tuberculous infection 15 days

Major findings:

Of operations ✓

Of autopsy No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ✓ Date of ✓

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. P. Lewis, MD M. D. or other

Address St Michaels Md Date signed Nov 8, 39

RECEIVED
DEC 8 1930
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (210-m)

11246

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
County Talbot
City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Dead on arrival at Emergency Hospital
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Talbot
City or town Oxford Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Gaston Gray

3. (b) Social Security Number none

4. Sex: Male
5. Color or race: Black
6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of ~~husband or~~ wife Carrie Virginia Bantom
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 6, 1866

8. AGE: Years 73 Months 9 Days 26 If less than one day hrs. min.

9. Birthplace Talbot Co, Maryland. (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name Barrington Gray
13. Birthplace Talbot Co. Maryland.
MOTHER
14. Maiden name Julia Anne ?
15. Birthplace Talbot Co
16. Informant Clarence S. Green
Address Oxford, Maryland
17. Burial (Burial, cremation, or removal Which?) Date thereof Nov 6, 1939 (month) (day) (year)
Cemetery or crematory Oxford Colored Cemetery
Location nr. Oxford
18. Funeral director Maurice E. Newnam & Son
Address Easton Md.
19. 11/6 1939 (Date rec'd by registrar) N. H. Neeries Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 2nd 1939, at 11 3P M

21. I CERTIFY that death occurred on the date above stated; that I ~~attended deceased from~~ viewed remains 19 to 11-3-39 19
and that I last saw h alive on 19

Immediate cause of death Fractured Skull — DURATION 10 min
Due to struck by car while pushing cart along public
Due to highway
Other conditions
(Include pregnancy within 3 months of death)
Major findings: —
Of operations
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of 11-2-39
Where did injury occur? (City or town) Talbot (County) Md (State)
Injured at home, farm, industry, public place (where?) Public Hiway
Means of injury Auto — Injured at work? no

23. SIGNATURE Louis J. Wolf Dep. Med Ex. M. D. or other
Address Easton Md Date signed 11-3-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-a)

CERTIFICATE OF DEATH

Dorchester

11247

Reg. Dist. No. 293

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Talbot

City or town Rural near Easton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 9 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Talbot.

City or town Rural Near Easton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Emma Green.

3. (b) Social Security Number No. number.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	C.	Widowed

6 (b) Name of husband or wife Alexander Green.

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Not known.

8. AGE: Years 74 | Months | Days | If less than one day ____hrs. ____min.

9. Birthplace Maryland. (Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER 12. Name Not known

13. Birthplace

MOTHER 14. Maiden name Not known.

15. Birthplace

16. Informant Rebecca Dubren.

Address Near Easton. Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof Nov. 7, 1939. (month) (day) (year)

Cemetery or crematory Richardson Cemetery

Location Easton. Md.

18. Funeral director James A. Spencer.

Address Easton. Md.

19. 11-6- 1939. (Date rec'd by registrar) J. L. Gardner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 4 1939, at 2 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 25 1939, to Nov. 4 1939, and that I last saw him alive on Nov. 4 1939.

	DURATION
Immediate cause of death Acute Myocarditis	10/10/39
Due to Pneumonia	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Haywood J. Duff M.D. M.D. or other

Address Easton Md. Date signed 11/6/39

RECEIVED
DEC 2 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)

11248

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Talbot

City or town Easton, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution Emergency Hospital

Stay in hospital or insl. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County County

City or town Federalsburg Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Harris

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
?	W	

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 22 1939

8. AGE: Years | Months 6½ mo Fetus | Days | If less than one day hrs. min.

9. Birthplace Emergency Hospital (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Mr. Charles Harris

13. Birthplace Athens, Pa.

MOTHER 14. Maiden name Miss Ruth Wheatley

15. Birthplace Secretary, Md

16. Informant Mrs Ruth Harris

Address Federalsburg, Md.

17. Cremation (Burial, cremation, or removal. Which?) Date thereof 11-22-39 (month) (day) (year)

Cemetery or crematory Emergency Hospital

Location Easton, Md.

18. Funeral director Emergency Hospital

Address Easton, Md.

19. 11 | 22 19 39 (Date rec'd by registrar) M. H. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-22 19 39, at 2:35 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ---- 19---, to ---- 19----, and that I last saw h--- alive on ---- 19----.

Immediate cause of death Stillborn — DURATION

Due to Missed abortion — 4 weeks

Due to

Other conditions Toxemia of pregnancy

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Tyler Baker M. D. M. D. or other

Address Easton Date signed 11-26-39

RECEIVED
DEC 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

11249

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH:

County Talbot

City or town St. Michaels

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: ✓

Stay in hospital or inst. (yrs., or mos., or days) ✓

Stay in this community (yrs., or mos., or days) 20 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Talbot

City or town St. Michaels Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Elizabeth Honey

3. (b) Social Security Number

4. Sex: Female

5. Color or race: Colored

6.(a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: John Honey

6(c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) 1857

8. AGE: Years 82 | Months ✓ | Days ✓ | If less than one day ✓ hrs. min.

9. Birthplace Cockeysville, Maryland (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business own home

FATHER

12. Name William Hughes

13. Birthplace Cockeysville, Maryland

MOTHER

14. Maiden name ✓

15. Birthplace ✓

16. Informant Helen Parker

Address St. Michaels, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 10, 1939 (month) (day) (year)

Cemetery or crematory St. Michaels, Md

Location

18. Funeral director J. Norman Marshall

Address St. Michaels Md

19. Nov 9 1939 (Date rec'd by registrar) John Hurwalis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 8 1939, at 9 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 3, 1939, to November 8, 1939, and that I last saw her alive on October 29 1939.

Immediate cause of death: Arteriosclerotic Nephritis, Generalized Arteriosclerosis

Due to Senility

Hypertension

Due to Nephritis

Other conditions Uremia, Jaundice

(Include pregnancy within 3 months of death)

Major findings:

Of operations ✓

Of autopsy No

DURATION: Lifetime

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ✓ Date of ✓

Where did injury occur? ✓ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ✓

Means of injury ✓ Injured at work? ✓

23. SIGNATURE L. B. Lewis, M.D. M. D. or other

Address St. Michaels Md. Date signed 11-8-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 5 1939
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48)

CERTIFICATE OF DEATH

11250

Reg. Dist. No. 291

1. PLACE OF DEATH:
County Talbot
City or town St. Michaels, Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Talbot
City or town St Michaels Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lucy L. Hunt

3. (b) Social Security Number

4. Sex: female
5. Color or race: white
6. (a) Single, married, widowed, or divorced: widow.

B (b) Name of husband ~~or wife~~ Samuel R. Hunt
"Deceased"
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 28 - 1877

8. AGE: Years 62 | Months 7 | Days 6 | If less than one day ____ hrs. ____ min.

9. Birthplace Sherwood (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Samuel T. Harrison
13. Birthplace Bozman, Md

MOTHER
14. Maiden name Ariel V. Cooper
15. Birthplace Bozman, Md

16. Informant Walter Harrison
Address Sherwood, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 24-1939 (month) (day) (year)
Cemetery or crematory Sherwood
Location Sherwood Md.
18. Funeral director Newnam & Harrison
Address St Michaels, Md.

19. Nov 23 1939 (Date rec'd by registrar) John H. Worrall Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 22 1939, at 2:30 AM

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Jan 10 1939 to Nov 22 1939 and that I last saw h-er alive on Nov 22 1939

	DURATION
Immediate cause of death	
Carcinoma of Uterus	about 1 year
Due to	
Due to	
Other conditions	
(Include pregnancy within 3 months of death)	
Major findings: Of operations — as above	
Of autopsy	

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE J. H. Hoke M.D.
M. D. or other
Address St Michaels, Md. Date signed 11/23/39

RECEIVED
DEC 5 1930
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (34)

11251

CERTIFICATE OF DEATH

Reg. Dist. No. 294

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Talbot
City or town: Wittman
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: County:
City or town: Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Charles Henry Hynson

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife: Delia Hynson
6(c) If alive, give age: 58 years

7. Birth date of deceased (mo., day, yr.): October 11, 1883

8. AGE:

Years	Months	Days	If less than one day
56	1	4	hrs. min.

9. Birthplace: Wittman, Talbot County, Md. (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business

FATHER
12. Name: Daniel Hynson
13. Birthplace: Wittman, Md.

MOTHER
14. Maiden name: Annie Jackson
15. Birthplace: Wittman, Maryland

16. Informant: Delia Hynson, Wife
Address: Wittman, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 19, 1939 (month) (day) (year)
Cemetery or crematory:
Location: St. Michaels, Maryland
18. Funeral director: J. Norman Marshall
Address: St. Michaels, Maryland

19 Nov 16 1939 (Date rec'd by registrar) Anna Cyrus Thomas, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 14 1939, at 9:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 25 1938, to Nov 14 1939, and that I last saw h~~im~~ alive on November 13 1939.

Immediate cause of death: Uretral Disease
Syphilitic Recent disease, duration
Due to Lues
Due to Hypertension
Other conditions: Arteriosclerosis
(Include pregnancy within 3 months of death)

DURATION: Several years ago

Major findings:
Of operations: No
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: L. V. Shannon M. D. or other
Address: St. Michaels Date signed 11-14-39

RECEIVED
DEC 8 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

11252

Reg. Dist. No. 293

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Talbot

City or town Cordova (near Lewistown)
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State ✓ County ✓

City or town ✓ Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. ✓
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME

Baby Ireland

3. (b) Social Security Number

none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife none

6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) November 15, 1939

8. AGE: Years	Months	Days	If less than one day
0	0	0	0 hrs. 0 min.

9. Birthplace Cordova, Talbot Co. Maryland
(Town, county, and state)

10. Usual occupation none ✓

11. Industry or business

FATHER
12. Name Charles Davidson Ireland
13. Birthplace Preston, Maryland

MOTHER
14. Maiden name Florence Lucinda Harris
15. Birthplace Cordova, Maryland

16. Informant Florence Lucinda ~~Ireland~~
Address Cordova md

17. buried on farm (Burial, cremation, or removal. Which?) Date thereof 11-17-39 (month) (day) (year)

Cemetery or crematory Farm

Location near Lewistown - Md.

18. Funeral director Chas. Ireland - Father

Address Lewistown - Md.

19. 11-16-1939 (Date rec'd by registrar) J. L. Gardner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH about 11-7 1939, at ? M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 0 19 , to 0 19 , and that I last saw h ✓ alive on Nov 15 1939.

Immediate cause of death	DURATION
Still Birth	
Due to Cause unknown	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Geiger M.D.
M. D. or other

Address Ridgely Md Date signed 11-15-39

RECEIVED
DEC 2 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46B

11253

CERTIFICATE OF DEATH

Reg. Dist. No. 292

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Talbot

City or town Trappe

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 77 yrs 2 mos 6 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Trappe (Rural) Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME John W. Martin

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife ✓

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 2, 1862

8. AGE:

Years	Months	Days	If less than one day
77	2	6	✓ hrs. ✓ min.

9. Birthplace Trappe (rural) (Town, county, and state)

10. Usual occupation Farming

11. Industry or business

FATHER 12. Name William B. Martin

13. Birthplace Cambridge, Md.

MOTHER 14. Maiden name Rebecca Easleston

15. Birthplace Cambridge, Md.

16. Informant Miss Nettie Martin

Address Trappe, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov 11 39 (month) (day) (year)

Cemetery or crematory Spring Hill Cemetery

Location Easton, Md.

18. Funeral director John D. Williams

Address Easton, Md.

19. Nov. 11 1939 (Date rec'd by registrar) Joseph A. Roos Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 9 1939, at 6.45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1936, to Nov. 9 1939, and that I last saw h alive on Nov. 9 1939.

	DURATION
Immediate cause of death Carcinoma of the Stomach	9 Mos.
Due to	
Due to	
Other conditions Arterio Sclerosis	3½ Yrs.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE William D. Seymour M. D. or other

Address Trappe Date signed Nov. 9/39

RECEIVED
DEC 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11254

CERTIFICATE OF DEATH

Reg. Dist. No. 291

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Talbot

City or town Near Bellevue
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Talbot

City or town Bellevue Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ellanora Murray

3. (b) Social Security Number 217-07-3185

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
female	colored	married

6 (b) Name of husband or wife Thomas Murray

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 28 1898

8. AGE:

Years	Months	Days	If less than one day
41	6		hrs. min.

9. Birthplace Bellevue Md
(Town, county, and state)

10. Usual occupation Oyster shucker

11. Industry or business

FATHER 12. Name Jacob Goldsboro

13. Birthplace Bellevue Md

MOTHER 14. Maiden name Harriet C. Adams

15. Birthplace Bellevue Md

16. Informant Thomas Murray

Address Bellevue Md.

17. Buried Date thereof 12/2/39
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Colored Cemetery

Location Ferry Neck, Bellevue Md

18. Funeral director Newnam & Harrison

Address St. Michaels, Md.

19. Dec 1 1939 John Haverdale Local Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 29 1939, at 11:45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ✓ 19 to 19

and that I last saw h alive on Oct 30 1939

Immediate cause of death Acute Cardiac Thrombosis — DURATION 1/2 hour

Due to ?

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Dt operations ✓

Dt autopsy No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ✓ Date of ✓

Where did injury occur? ✓ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ✓

Means of injury ✓ Injured at work?

23. SIGNATURE T. [illegible] M.D. M. D. or other

Address St Michaels Md Date signed 12/1/39

RECEIVED
DEC 5 1939
BUREAU V. S.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11255

Reg. Dist. No. 290

1. PLACE OF DEATH:

County: Talbot

City or town: Easton (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days): 3 days

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Talbot

City or town: Tenton Ward No.: (If outside city or town limits, write RURAL NEAR and give town)

Street No.: (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Helen Nichols

3. (b) Social Security Number:

4. Sex: Female

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct. 15 - 1919

8. AGE: Years: 20 Months: 1 Days: 14 If less than one day: hrs. min.

9. Birthplace: Delaware (Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: Own Home

FATHER 12. Name: Riner Nichols

13. Birthplace: Maryland

MOTHER 14. Maiden name: Sara E. Willis

15. Birthplace: Maryland

16. Informant: Riner Nichols

Address: Tenton, Md.

17. Burial (Burial, cremation, or removal, Which?) Date thereof: Dec. 2 - 1939 (month) (day) (year)

Cemetery or crematory: Spring Grove Cemetery

Location: Tenton, Md.

18. Funeral director: J. Virgil Moore

Address: Tenton, Md.

19. 11/30 1939 (Date rec'd by registrar) N. H. Neeries Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 29 1939, at 11 10 a. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 26 1939, to Nov. 29 1939, and that I last saw her alive on Nov. 29 1939.

Immediate cause of death: Lobar Pneumonia — DURATION: 11 da.

Due to:

Due to: Bacteremia — 11 da

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: J. Tyler Baker M.D. (M. D. or other)

Address: Easton Date signed: 11-30-39

RECEIVED
DEC 6 1938
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

11256

Reg. Dist. No. 291

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Talbot

City or town: St. Michaels, Maryland (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 9 5 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Talbot

City or town: St Michaels Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: John B. Roberts

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6 (b) Name of husband or wife: Josephine Roberts

6(c) If alive, give age: 75 years

7. Birth date of deceased (mo., day, yr.): Nov. 1, 1863

8. AGE: Years: 76 | Months: | Days: 11 | If less than one day: hrs. min.

9. Birthplace: McDaniel, Talbot Co., Md. (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business:

FATHER — 12. Name: Unknown

13. Birthplace: "

MOTHER — 14. Maiden name: Martha Roberts

15. Birthplace: Talbot County

16. Informant: Josephine Roberts, Wife

Address: St. Michaels, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 15, 1939 (month) (day) (year)

Cemetery or crematory: St Michaels

Location: St. Michaels, Maryland

18. Funeral director: J. Norman Marshall

Address: St. Michaels, Maryland

19. Nov 14 1939 (Date rec'd by registrar) John Howard Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 14 1939, at 11:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 15 1939, to Nov 11 1939, and that I last saw him alive on Nov 11 1939.

Immediate cause of death	DURATION
Mitral Disease	10
Due to Chr Rheumatism	Months
Hypertension	
Due to Chr Nephritis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: ~

Of autopsy: No

PHYSICIAN — Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ~ Date of

Where did injury occur? ~ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: ~ Injured at work?

23. SIGNATURE: F. B. Lewis M.D. M. D. or other

Address: St Michaels Md Date signed 11/14/39

RECEIVED
DEC 5 1933
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11257

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Talbot Registration Dist. No. 293

Village or City Wye Mills, Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Louise Jane Robinson If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F.	W.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Shreve Robinson

6. DATE OF BIRTH (month, day, and year) June 4, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework (Retired)

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Delaware (State or country)

FATHER

13. NAME James S. Powers.

14. BIRTHPLACE (city or town) Delaware (State or country)

MOTHER

15. MAIDEN NAME Margaret Moore

16. BIRTHPLACE (city or town) Delaware (State or country)

17. INFORMANT James A. Robinson (Address) Wye Mills, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Easton, Md. Date Nov. 25, 1939

19. UNDERTAKER James A Spence (Address) Easton Md

20. FILED 11/24, 1939. Jno L. Gardner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov (Month) 22 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1937, to Nov 22, 1937

I last saw h.e.r. alive on Nov 22, 1939; death is said to have occurred on the date stated above, at 1.30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Type III Pneumococcic Pneumonia	Nov 16
Other Contributory Causes of Importance: Arteriosclerotic cardio Vascular Renal Disease	?

Name of operation None Date of

What test confirmed diagnosis? Blood + Sputum Typing Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) C. K. Leighton M. D.

(Address) Centreville, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

RECEIVED
DEC 2 1928
BUREAU V. S.

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (158) 11258

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 22 hrs.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Federalsburg R.F.D. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Martha Ross.

3. (b) Social Security Number

4. Sex: Female

5. Color or race: Black

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 7 - 1939

8. AGE: Years | Months 10 | Days 2 | If less than one day hrs. min.

9. Birthplace Sussex Co. Delaware (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name William McKinley Ross.

13. Birthplace Caroline Co. Md.

MOTHER

14. Maiden name Helen Cannon.

15. Birthplace Dorchester Co. Md.

16. Informant William M. Ross.

Address Federalsburg, Md. R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 10th 1939 (month) (day) (year)

Cemetery or crematory Bethel.

Location Bethel, Md.

18. Funeral director G. G. Frampton & Son

Address Federalsburg Md.

19. 11/10 1939 (Date rec'd by registrar) N. A. Neeres Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 9 1939, at 11 20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 8th 1939, to Nov 9th 1939, and that I last saw her alive on Nov 9th 1939.

Immediate cause of death Malnutrition ? DURATION

Due to Avitaminosis ?

Due to avitaminosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Jack B. Gerbrecht M. D. or other

Address Easton Md Date signed 11/10/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-C)

CERTIFICATE OF DEATH

11259

Reg. Dist. No. 297

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot County
City or town Trappe, Md. (Rural)
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) all of life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Talbot
City or town Trappe (Rural) Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Nicholas T. Sanders

3. (b) Social Security Number None

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Aug 9, 1857

8. AGE: Years 82 | Months 3 | Days 28 | If less than one day — hrs. — min.

9. Birthplace Near Trappe, Talbot Co. Md.
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Charles E. Sanders.
13. Birthplace Talbot Co.

MOTHER
14. Maiden name Unknown
15. Birthplace

16. Informant Mrs. Vaughn Knott.
Address Easton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11-9-39 (month) (day) (year)
Cemetery or crematory Spring Hill
Location Easton, Md.

18. Funeral director Maurice E. Newnam & Son
Address Easton, Md.

19. Nov 9 1939 (Date rec'd by registrar) Douglas Ross Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov 6 1939, at 4 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1937, to 11-6-1939, and that I last saw him alive on 11-4-1939.

Immediate cause of death	DURATION
Chronic myocarditis	3 yrs.
Due to Arteriosclerosis generalized	5 yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
20 operations —
20 autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE P. E. Cox Jr. M.D.
M. D. or other
Address Easton Md. Date signed 11-7-39

RECEIVED
DEC 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11260

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A16

1. PLACE OF DEATH:
County Talbot
City or town Easton (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Emergency
Stay in hospital or inst. (yrs., or mos., or days) 36 1/2 hours.
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Maryland County Talbot
City or town Wittman Ward No. (If outside city or town limits, write RURAL NEAR and give town)
Street No. (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Patsy Leah Grace Scholt Holt (illegible)

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	single

B (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15 - 1939.

8. AGE: Years | Months 4 | Days | If less than one day hrs. min.

9. Birthplace Easton, Talbot Co. Md. (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Theodore Joseph Scholt Holt
13. Birthplace Baltimore Md.

MOTHER 14. Maiden name Sarah Kathleen Thomas
15. Birthplace Wittman, Md.

16. Informant Beryl Thomas R.N.
Address John Hopkins Hospital - Balto. Md.

17. Olivet (Burial, cremation, or removal. Which?) Date thereof 11 | 28 | 39 (month) (day) (year)
Cemetery or crematory St. Michaels
Location St. Michaels

18. Funeral director Newnam & Harrison
Address St. Michaels Md.

19. 11/27/39 (Date rec'd by registrar) N. A. Norris Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 26 1939, at 1 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 24 1939 to Nov 26 1939, and that I last saw h-ed-elive on Nov 26 1939

Immediate cause of death	DURATION
Diarrhea, non-specific	11-19-39
Due to (illegible)	
Due to	
Other conditions Dehydration, acute	11-24-39

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. Tyler Baker M. D. or other
Address Easton Date signed 11-26-39

RECEIVED
DEC 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (151)

CERTIFICATE OF DEATH

11261

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Talbot

City or town: Easton md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: no

Stay in hospital or inst. (yrs., or mos., or days): no

Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: md County: Talbot

City or town: Easton md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 29 Talbot St Easton
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: Emma Sewell

3. (b) Social Security Number: no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	col.	Widow

6(b) Name of husband or wife: Samuel Sewell

6(c) If alive, give age: dead years

7. Birth date of deceased (mo., day, yr.): Aug 27 1890

8. AGE:

Years	Months	Days	If less than one day
49	2	16	____ hrs. ____ min.

9. Birthplace: Easton
(Town, county, and state)

10. Usual occupation: Domestic

11. Industry or business: no

FATHER
12. Name: Daniel Carmiah

13. Birthplace: Easton md

MOTHER
14. Maiden name: Caroline Coxson

15. Birthplace: Easton md

16. Informant: Mrs Elizabeth E Sewell

Address: Easton md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 15 1939 (month) (day) (year)

Cemetery or crematory: Richardson

Location: Easton md

18. Funeral director: James F. Stewart

Address: Salisbury md.

19. 11/12 1939 (Date rec'd by registrar) W. H. Meeres Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 12 1939, at 8 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1937, to Nov 12 1939, and that I last saw h-- alive on Nov 12 1939.

Immediate cause of death	DURATION
Chronic nephritis	2 yrs.
Due to	
Due to	
Other conditions Arteriosclerosis	4 yrs.
Chronic myocarditis	2 yrs.

(Include pregnancy within 3 months of death)

Major findings:

Of operations: no

Of autopsy: no

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: no

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE: A. McC. Stevens M. D. or other

Address: Easton Md Date signed 11-13-39

RECEIVED
DEC 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-R)

11262

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH:

County Talbot

City or town St. Michaels

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Talbot

City or town St Michaels Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary A. Sterling

3. (b) Social Security Number

4. Sex: Female

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Butler Sterling

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): June 19 – 1859

8. AGE: Years 80 Months 4 Days 22 If less than one day ____ hrs. ____ min.

9. Birthplace: Snow Hill Md. (Town, county, and state)

10. Usual occupation: —

11. Industry or business: —

FATHER

12. Name: Unknown

13. Birthplace: "

MOTHER

14. Maiden name: Unknown

15. Birthplace: "

16. Informant: Lyda Byrd

Address: 5932 Haverford Ave., Phila. Pa.

17. Buried (Burial, cremation, or removal. Which?) Date thereof: Nov 3 1939 (month) (day) (year)

Cemetery or crematory: Colored

Location: St Michaels

16. Funeral director: J. N. Marshall

Address: St Michaels Md

19. Nov 2 1939 (Date rec'd by registrar) John H. Wiwales Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 1 1939 at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 15, 1939, to Nov 1 1939, and that I last saw her alive on Nov 1 1939

Immediate cause of death: Mitral Disease

Due to: Chr Rheumatism

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

DURATION: 6½ mos.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ✓ Date of:

Where did injury occur? ✓ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ✓

Means of injury ✓ Injured at work? ✓

23. SIGNATURE: P. P. Shewers M.D. M. D. or other

Address: St Michaels Md Date signed: 11 2 39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

T

RECEIVED
DEC 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11263

Reg. Dist. No. 240

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot
City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Emergency Hospital
Stay in hospital or inst. (yrs., or mos., or days) 11 days
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Talbot
City or town St. Michaels Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George Marion Farr Sr.

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Wilena Williams

6(c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) April 5 1863

8. AGE: Years 76 | Months 7 | Days 10 | If less than one day ____ hrs. ____ min.

9. Birthplace St. Michaels, Talbot, Md. (Town, county, and state)

10. Usual occupation Retired waterman

11. Industry or business

FATHER 12. Name Lewis Farr

13. Birthplace St. Michaels

MOTHER 14. Maiden name Sara Ann Sewell

15. Birthplace Wittman, Md.

16. Informant Wilena Farr

Address St. Michaels, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/18/39 (month) (day) (year)

Cemetery or crematory Christ

Location St. Michaels

18. Funeral director Haddaway & Harrison

Address St. Michaels Md.

19. 11/16/1939 (Date rec'd by registrar) T. H. Meeres Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 15 1939, at 8 15 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10-14 1939, to 11-15 1939, and that I last saw h-- alive on 11-15 1939.

Immediate cause of death Apoplexy

Due to Chronic interstitial

Due to Nephritis and arterio-sclerosis

Other conditions Hypertrophied Prostate

(Include pregnancy within 3 months of death)

DURATION
2 weeks
2 yrs
2 yrs

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE P. E. Cox M. D.
M. D. or other
Address Easton Md Date signed 11-16-39

RECEIVED
DEC 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (39-a)

CERTIFICATE OF DEATH

11264

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot
City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Emergency Hospital
Stay in hospital or inst. (yrs., or mos., or days) 2 days
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Talbot
City or town Easton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sydney Wilmer

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Widowed

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 20 - 1894

8. AGE: Years 45 | Months 7 | Days 28 | If less than one day hrs. min.

9. Birthplace Cordova, Talbot, Maryland (Town, county, and state)

10. Usual occupation Maid

11. Industry or business Private Home

FATHER 12. Name James Warrick

FATHER 13. Birthplace Cordova, Maryland

MOTHER 14. Maiden name Amelia Wright

MOTHER 15. Birthplace Queen Anne Md.

16. Informant Mamie Kellum

Address Easton, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 21-39 (month) (day) (year)

Cemetery or crematory Cemetery New Town

Location New Town

18. Funeral director R. B. Rawlings

Address Greensboro Md.

19. 11/18 1939 N. H. Nevius
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 17 1939, at 2:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 15, 1939, to Nov. 17 1939, and that I last saw h[illegible] alive on Nov. 17 1939.

	DURATION
Immediate cause of death: Shock + dilitation of heart	1½ hrs
Due to Operation	
Due to	
Other conditions: Pelvic inflamatory disease (Include pregnancy within 3 months of death)	?

Major findings:
Of operations: Cystic Ovary left Chronic pelvic inflamatory disease
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE N. D. Hoke M. D. or other
Address Easton Md. Date signed 11/20/39

RECEIVED
DEC 8 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (121)

CERTIFICATE OF DEATH

11265

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot
City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Emergency Hospital
Stay in hospital const. (yrs., or mos., or days) 7 1/2 days
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Talbot
City or town Rural Near - Easton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Minnie Mariah Wood

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband ~~or wife~~ James W Wood
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 6, 1863

8. AGE: Years	Months	Days	If less than one day
76	2	21	hrs. min.

9. Birthplace Talbot Co. Maryland
(Town, county, and state)
10. Usual occupation Housekeeper
11. Industry or business Own Home
FATHER 12. Name John C. Fountain
13. Birthplace Maryland.
MOTHER 14. Maiden name Mary Green
15. Birthplace Maryland.
16. Informant Miss M. E. Jackson
Address 1318 W. 7th St. Wilmington, Del.
17. Buried (Burial, cremation, or removal? Which?) Date thereof 11/29/39 (month) (day) (year)
Cemetery or crematory Spring Hill
Location Easton
18. Funeral director James A Spence
Address Easton, Md
19. 11/27 1939 M.H. Meires
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 27 1939, at 1:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 19 1939, to Nov. 27 1939, and that I last saw her alive on Nov. 27 1939

Immediate cause of death	DURATION
appendicitis, acute rupture of Peritoneum, General	11-17-39 11-18-39
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Operations Appendicitis acute rupture & Peritonitis, general
Autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE F. D. Noble M. D. or other
Address Easton, Md Date signed 11/27/39

RECEIVED
DEC 6 1939
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (108)

11266

CERTIFICATE OF DEATH

Reg. Dist. No. 394

1. PLACE OF DEATH:

County: Talbot

City or town: Rural near Trappe
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 79 yrs 8 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Talbot

City or town: Trappe rural. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mary E Woolford

3. (b) Social Security Number

4. Sex: Female

5. Color or race: colored

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: John Woolford

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): March 3, 1860

8. AGE: Years 79 | Months 8 | Days | If less than one day ____ hrs. ____ min.

9. Birthplace: Talbot Co.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Robert Sharp
13. Birthplace: Talbot Co.

MOTHER
14. Maiden name: Mary Mills
15. Birthplace: Talbot Co.

16. Informant: John Woolford
Address: Trappe RD

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov 7, 1939 (month) (day) (year)

Cemetery or crematory: Trappe Cemetery

Location: near Trappe Md.

18. Funeral director: Maurice E. Newnam Son

Address: Easton

19. Nov. 6 1939 (Date rec'd by registrar) Jorgela Ross Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 3 1939, at 10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 29 1939, to Nov. 3 1939, and that I last saw her alive on Nov. 3 1939.

Immediate cause of death: Lobar Pneumonia — DURATION: 5 days

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Haynard T. Webb NLO
M. D. or other

Address: Easton, Md. Date signed: 11/4/39

RECEIVED
DEC 4 1930
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11267

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Talbot

City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or instn. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State County

City or town Denton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Wright

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 27 1939

8. AGE: Years | Months | Days | If less than one day: hrs. min.

9. Birthplace Easton, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Minos Wright

13. Birthplace Concord, Md.

MOTHER 14. Maiden name Viola Cecelia Melvin

15. Birthplace Vernon, W. Va.

16. Informant Minos Wright

Address Denton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 28, 1939 (month) (day) (year)

Cemetery or crematory Howe - Denton, Md.

Location Denton, Md.

18. Funeral director Minos Wright

Address Denton, Md.

19. 11/28/39 (Date rec'd by registrar) N. H. Peeries Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 27 1939, at 9:53 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19, to 19, and that I last saw h alive on 19

Immediate cause of death	DURATION
Placenta abruptio	
Due to Toxemia of Pregnancy	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Taylor Baker M.D.
M. D. or other

Address Easton Date signed 11-28-39

RECEIVED
DEC 6 1939
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (146)

11268

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
County Talbot
City or town Easton, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Easton Emergency Hospital
Stay in hospital or inst. (yrs., or mos., or days) 8 days
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Rural Near Denton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Near Burrsville
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Viola Cecelia Wright

3. (b) Social Security Number

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced married
6 (b) Name of husband ~~or wife~~ Minos Wright
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) June 4 - 1908

8. AGE: Years 31 Months 5 Days 26 If less than one day hrs. min.

9. Birthplace Delaware (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Fred Melvin
13. Birthplace Delaware
MOTHER 14. Maiden name Amanda Donovan
15. Birthplace Delaware
16. Informant Minos Wright
Address Denton, Md. R.D.
17. Burial (Burial, ~~cremation, or removal~~ Which?) Date thereof Dec. 3, 1939 (month) (day) (year)
Cemetery or ~~crematory~~ Bloomery, Md.
Location Near Smithville, Md.
18. Funeral director J. Virgil Moore
Address Denton, Md.
19. 12/1 1939 (Date rec'd by registrar) N. H. Neerie Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 30 1939, at 4 15 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 23 1939, to Nov. 30 1939, and that I last saw her alive on Nov. 30 1939.

Immediate cause of death — DURATION
Peripheral Vascular Collapse — 11/30/39
Due to Complicated by a puerperal condition — Pregnancy.
Due to Antepartum Eclampsia, puerperal. — 11/22/39
C.W.G.R.
Other conditions
(Include pregnancy within 8 months of death)
Major findings:
Of operations
Of autopsy Not reported as yet

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. Lyle Baker M.D. M. D. or other
Address Easton Date signed 12-5-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 6 1939
BUREAU V. S.